

# 2016 LOS ANGELES COUNTY JUNIOR LIFEGUARD PROGRAM APPLICATION

All new applicants must pass a 100 yard swim test and under water test hosted by LA Co. Lifeguards prior to submitting this form. A *copy* of the applicant's Birth Certificate must be provided with this application to complete the registration.

## PARTICIPANT INFORMATION (Please PRINT CLEARLY)

JG NAME: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M \_\_\_\_ F \_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_ PHONE 3: \_\_\_\_\_ PHONE 4: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ EMERGENCY CONTACT PHONE: \_\_\_\_\_  
(not the parent/guardian)

PARTICIPANT'S MEDICAL HISTORY: (If "NONE" please indicate so) \_\_\_\_\_

ALLERGIES TO MEDICATIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

### SESSION:

\_\_\_\_ ONE (June 27<sup>th</sup>-July 28<sup>th</sup>)

\_\_\_\_ TWO (August 1<sup>st</sup> - August 28<sup>th</sup>)

### AM/PM:

\_\_\_\_ MORNING (8:30 – 11:30am)

\_\_\_\_ AFTERNOON (1:30 – 4:30pm)

### AREA PREFERRED

\_\_\_\_ AVALON BEACH (AM and 1<sup>st</sup> only)

\_\_\_\_ CABRILLO BEACH (AM and 1<sup>st</sup> only)

\_\_\_\_ TORRANCE BEACH

\_\_\_\_ REDONDO BEACH

\_\_\_\_ HERMOSA BEACH (1<sup>st</sup> St)

\_\_\_\_ HERMOSA BEACH (14<sup>th</sup> St)

\_\_\_\_ MANHATTAN BEACH

\_\_\_\_ EL SEGUNDO BEACH

\_\_\_\_ VENICE BEACH

\_\_\_\_ SANTA MONICA BEACH (AM and 1<sup>st</sup> only)

\_\_\_\_ WILL ROGERS BEACH

\_\_\_\_ ZUMA BEACH

### GROUP (age on 07/01/16)

\_\_\_\_ "C" (ages 9 to 11)

\_\_\_\_ "B" (ages 12 and 13)

\_\_\_\_ "A" (ages 14 to 17)

\*\*\*\*\* DO NOT WRITE IN YELLOW BOX --- FOR OFFICE USE ONLY \*\*\*\*\*

Age Group (circle one): "A": 14 – 17 y.o. "B": 12 – 13 y.o. "C": 9 – 11 y.o.

Time required (circle one): "A" (1:30 or less) "B" (1:40 or less) "C" (1:50 or less)

PLEASE PRINT CLEARLY Ring Dive: Pass \_\_\_\_ Fail \_\_\_\_

Time: \_\_\_\_\_

Timer's Name: \_\_\_\_\_

Payee's Name: \_\_\_\_\_

Driver's License Checked \_\_\_\_\_

Check #: \_\_\_\_\_ Amount on Check: \$ \_\_\_\_\_

Amount in Cash \$ \_\_\_\_\_

Credit Card: MC VISA Last Four Digits: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Total Charge: \$ \_\_\_\_\_

AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Los Angeles County Junior Lifeguard Program, an athletic/sports program, and related events and activities, the undersigned:

- 1. Agrees that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
- 2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not foreseeable at this time.
- 3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death.
- 4. Release, waive, discharge, and covenant not to sue Los Angeles County, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I AM SIGNING IT VOLUNTARILY.

PARENT OR GUARDIAN PRINTED NAME \_\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I, THE UNDERSIGNED, PARENT OF \_\_\_\_\_, (PRINT JG NAME) A MINOR, DO HEREBY AUTHORIZE THE FIRE CHIEF OF THE LOS ANGELES COUNTY FIRE DEPARTMENT OR ONE OF HIS EMPLOYEES, AS AGENTS FOR THE UNDERSIGNED, TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE WHICH IS DEEMED ADVISABLE BY, AND TO BE RENDERED UNDER THE GENERAL OR SPECIAL SUPERVISION OF ANY PHYSICIAN AND SURGEON LICENSED UNDER THE PROVISIONS OF THE MEDICAL PRACTICE ACT ON THE MEDICAL STAFF ON ANY HOSPITAL, WHETHER SUCH DIAGNOSIS OR TREATMENT IS RENDERED AT THE OFFICE OF THE PHYSICIAN OR AT THE HOSPITAL.

IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT, OR HOSPITAL CARE BEING REQUIRED, BUT IS GIVEN TO PROVIDE AUTHORITY TO THE ABOVE DESCRIBED AGENT(S) TO GIVE SPECIFIC CONSENT TO ANY AND ALL SUCH DIAGNOSIS, TREATMENT, OR HOSPITAL CARE WHICH A PHYSICIAN, MEETING THE REQUIREMENTS OF THIS ORGANIZATION, MAY, IN THE EXERCISE OF HIS OR HER BEST JUDGEMENT, DEEM ADVISABLE.

THIS AUTHORIZATION IS GIVEN PURSUANT TO THE PROVISIONS OF FAMILY CODE SECTION 6910.

I HEREBY AUTHORIZE ANY HOSPITAL WHICH HAS PROVIDED TREATMENT TO THE ABOVE NAMED MINOR PURSUANT TO THE PROVISIONS OF FAMILY CODE SECTION 6910 TO SURRENDER PHYSICAL CUSTODY OF SUCH MINOR TO (MY)/(OUR) ABOVE NAMED AGENT(S) UPON THE COMPLETION OF TREATMENT. THIS AUTHORIZATION IS GIVEN PURSUANT TO HEALTH AND SAFETY CODE SECTION 1283.

THESE AUTHORIZATIONS SHALL REMAIN EFFECTIVE UNTIL MARCH 1, 2017 UNLESS SOONER REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S) NOTED ABOVE.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATED: \_\_\_\_\_

VIDEO-PHOTO AUTHORIZATION

I UNDERSTAND THAT DURING THE JUNIOR LIFEGUARD PROGRAM HOURS OR AT RELATED ACTIVITIES, PHOTOGRAPHS OF MY CHILD MAY BE TAKEN BY JUNIOR LIFEGUARD PROGRAM STAFF, SPONSORS, ORGANIZERS AND/OR ASSIGNEES. I AGREE THAT SUCH PHOTOGRAPHS, INCLUDING VIDEO PHOTOGRAPHY, FILM PHOTOGRAPHY, DIGITAL PHOTOGRAPHY, OR OTHER REPRODUCTIONS OF MY CHILD MAY BE USED WITHOUT COMPENSATION BY THE LOS ANGELES COUNTY LIFEGUARD DIVISION, OR ITS SPONSORS, ORGANIZERS, AND/OR ASSIGNEES, FOR EDUCATIONAL, PROMOTIONAL AND/OR OTHER NECESSARY PURPOSES.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATED: \_\_\_\_\_

THE ABOVE MUST BE FILLED OUT COMPLETELY AND SIGNED WHERE INDICATED FOR YOUR CHILD TO REGISTER AND PARTICIPATE.

Institution/Organization: Los Angeles County Fire Department Junior Lifeguard Program